

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1790 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 28<sup>th</sup> 1887

Full Name of Deceased, Lucie Brown  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, — Years, — Months, 13 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, "Tree Lyming in Asylum"

Birth Place, Life  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, Harvey White's Hospital  
{ Give Street and Number. }

Cause of Death, Malnutrition  
{ First (Primary),  
Second (Immediate), }

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 29

Undertaker, W. H. Blazgare

L. F. Brown

M. D.

Medical Attendant.

Place of Business, 1139 Lane Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1791 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 27 / 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Horn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — Years, 11 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1126 Low St.

Cause of Death, {First (Primary),} Cholera Infantum  
{Second (Immediate),} Sentiment & Brain trouble

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, July 29<sup>th</sup> 1887

Undertaker, Fred Gaede

H. A. Green M. D.  
Medical Attendant.

Place of Business, 108 S. Caroline Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Health Dep

THE SUN.

Baltimore.

Permit No. 1792

Office

BALTIMORE, FRIDAY, JULY 29, 1887.

BURLEY—On July 28, ELIZABETH BURLEY, aged 78 years, wife of the late Isaac Burley. Her funeral will take place from the residence of her daughter, No. 917 North Ann street, on Saturday morning, at ten o'clock. Relatives and friends are invited.

istics.

Ward 6<sup>01</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 27<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Burley

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age, 78 Years,

Months,

Days

Color, white

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore, 78 years

Place of Death,

Give Street and Number.

719 North St

Cause of Death,

First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Beth Cemetery

Date of Burial, July 29/87

Undertaker, Dennis Mitchell

Place of Business, 1201 W. Fayette

D. S. McKim M. D.

Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *1793* Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28th 1887*

Full Name of Deceased, *Frank Klinga*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *20* Years,

Months,

Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Tailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Bohemia (2 yrs in America)*

Duration of Residence in the City of Baltimore, *2 yrs*

Place of Death, { Give Street and Number. }

*St. Joseph's Hospital*

Cause of Death, { First (Primary),

*Tuberculosis*

Second (Immediate),

*Exhaustion*

Duration of Last Sickness, *2 yrs*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *July 29 1887*

Undertaker, *Frank Crach*

*Oscar J. Locking*

M. D.

Medical Attendant.

Place of Business, *827 N. Durham*

Address, *64 St W. Calvert St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1794 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 27<sup>th</sup> July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary E Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stewardess

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Queen Ann Co Md.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give Street and Number. } 935 W. Leadenhall St

Cause of Death, { First (Primary), Second (Immediate), } Abdominal Phthisis Perforation and Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jul 29 1887

Undertaker, W W Chase L. D. Dyer M. D. Medical Attendant.

Place of Business, 641 Howard St Address, 224 H. W. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. A 1795 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 27<sup>th</sup> 1887

Full Name of Deceased, Mary E. Harold { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 34 Years, White Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Philadelphia

Birth Place, Philadelphia { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, 1131 Hanover St { Give Street and Number. }

Cause of Death, Phthisis { First (Primary), Second (Immediate). }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 30<sup>th</sup> 1887

{ Undertaker, Julius Koehler Thermond Ortke M. D. Medical Attendant.

{ Place of Business, Sharp & Co Address, 378 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1796 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa M. Quinn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 810. Woodward St.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet bur

Date of Burial, July 30<sup>th</sup> 1887

Undertaker, R. Lewis Schaefer Chas. L. Nicholson, M.D.

Medical Attendant.

Place of Business, 316 N. Mount Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. A 1797 Office of Registrar of Vital Statistics. Ward 9 <sup>11</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 29/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Turpin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,        Years,        Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bulto ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,       

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Diarrhea

Duration of Last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 29/87

{ Undertaker, Geo. Rinehart } Thos. J. Ward M. D. Medical Attendant

{ Place of Business, Health Office } Address, 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 1798

Office of Registrar of Vital Statistics.

Ward 2

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mariane Polue

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Professor Luffray, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give Street and Number. } Thames Street of old

Cause of Death, { First (Primary), Second (Immediate), } Menstrual senile Diarrhoea

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 29 1887

{ Undertaker, Felix Groszkowski } William Hennel M. D.

{ Place of Business, 1732 N. E. Ave. } Address, S. Wolfert 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1799

Office of Registrar of Vital Statistics.

Ward

24

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 29th, 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael Roshinski

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

38 Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

8 years

Place of Death,

{ Give Street and Number. }

# 626

S. Wolf St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

4 mos.

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus Cemetery

Date of Burial,

July 31 88

{ Undertaker,

Felix Bros

John H. Rehberger

M. D.

Medical Attendant.

{ Place of Business,

1732 W. 3rd St

Address,

1709 Alice Emma St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]